

Puzzled by the terminology?

A Guide for Providers

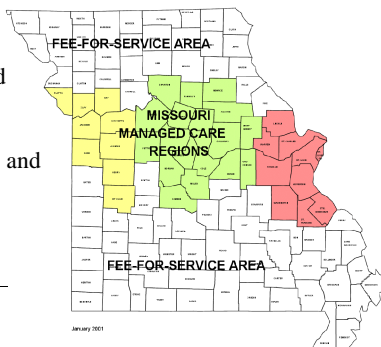
MC+

MC+ refers to the statewide medical assistance program for low income families, pregnant women, children, and uninsured parents. MC+ recipients receive their care through either the Fee-for-Service (FFS) delivery system or the Managed Care delivery system, depending on where the individual lives in Missouri.

MC+ FFS program serves recipients not enrolled in MC+ Managed Care, and provides some services not included in managed care. All of Missouri Medicaid's providers are automatically enrolled as approved providers eligible to treat MC+ FFS recipients. MC+ FFS recipients may freely choose which approved provider they go to for care under the MC+ FFS delivery system.

MC+ Managed Care serves MC+ Managed Care members in 37 counties of Missouri. MC+ Managed Care members must select a managed care plan and a primary care provider (PCP) within the plan. Providers must be in the MC+ health plan network. MC+ Managed Care members must select a managed care plan and a primary care provider within that plan. That provider may refer the member to other providers based on care needed.

MC+ Managed Care members may be seen by any FFS provider until the member is effective in an MC+ Managed Care plan. There are some services that are not included in managed care and continue to be covered by MC+ FFS. Providers can determine whether members are covered by managed care or FFS by swiping the red MC+ card or calling the Interactive Voice System (IVR) at 1-800-392-0938 and using option "1".



Number of Counties	Number of Health Plans
Central Region . . . 18	Central Region . . . 2
Eastern Region . . . 10	Eastern Region . . . 3
Western Region . . . 9	Western Region . . . 4

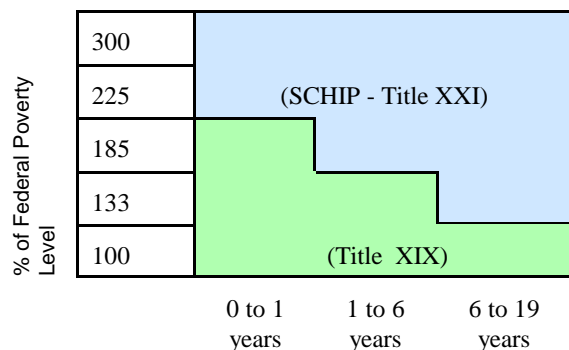
Individuals in the following ME codes are in the MC+ program and receive a full comprehensive package including primary, acute and preventive care, hospital care, dental, prescriptions, and vision. Adults age 21 and over have limited dental and vision services. Non-emergency medical transportation is covered for most eligibility groups. For more information, call 1-800-392-0938.

ME Code	Description
05	Medical Assistance for Families - Adult
06	Medical Assistance for Families - Child
07	Medical Assistance - Foster Care
08	Child Welfare Services-Foster Care
10	Vietnamese or Other Refugees
18	Unborn Child
19	Cuban Refugee
21	Haitian Refugee
24	Russian Jew
26	Ethiopian Refugee
29	Division of Youth Services-Foster Care
30	Juvenile Courts - Foster Care
36	Adoption Subsidy - Federal Financial Participation
37	Title XIX - Homeless, Dependent, Neglected
40	Medical Assistance - Poverty
43	Pregnant Woman - 60 Day Assistance
44	Pregnant Woman - 60 Day Assistance - Poverty
45	Pregnant Woman - Poverty
50	Division of Youth Services-Poverty
52	Division of Youth Services-General Revenue
56	Medical Assistance - Foster Care - Adoption Subsidy
57	Child Welfare Services - Foster Care - Adoption Subsidy
60	Newborn
61	Medicaid for Pregnant Women - Health Initiative Fund
62	Medicaid for Children - Health Initiative Fund
63	Child Welfare Services - Health Initiative Fund (obsolete)
64	Group Home - Health Initiative Fund (State Placement)
66	Child Welfare Services - Health Initiative Fund (replaced 63)
68	Division of Youth Services - Health Initiative Fund
69	Juvenile Courts - Health Initiative Fund
70	Juvenile Courts - Poverty
85	Medical Assistance for Workers with Disabilities - Premium
86	Medical Assistance for Workers with Disabilities - Non-Premium
87	Presumptive Eligibility Child

MC+ FOR KIDS

MC+ for Kids is a subgroup of MC+ and refers to health insurance for uninsured children funded through the State Children's Health Insurance Program (SCHIP). These children must be under age 19, have a family income below 300% poverty, are uninsured for 6 months or more, and have no access to other health insurance coverage for less than \$331 per month (for premium group only.)

MC+ Covered Children By Age and Income



These children receive the same full comprehensive package the MC+ individuals receive except MC+ for Kids individuals are not eligible for non-emergency medical transportation. Some MC+ for Kids individuals must pay co-payments and/or premiums. MC+ for Kids ME codes and cost sharing requirements include the following:

NO PAY GROUP

ME Code	Description
71	Children ages 1 to 6; family income 134-150%
72	Children ages 6 to 19; family income 101-150%
73	Children ages 1 to 19; family income 151-185%

COPAY GROUP - \$5 professional visit copay

ME Code	Description
74	Children ages 0 to 19; family income 186 -225%

PREMIUM GROUP - Effective July 1, 2002 premiums per family per month range from \$58 to \$249 depending on family size and income. (See Premium Chart on back.) Copays are \$9 for each prescription and \$10 for each professional visit. These amounts may change in July of each year.*

ME Code	Description
75	Children ages 0 to 19; family income 226 -300%

UNINSURED PARENTS

Individuals in the following ME codes are in the MC+ program, are referred to as "uninsured parents," and receive a benefit package similar to commercial insurance which limits dental to trauma and vision care to disease or trauma related conditions. These parents pay a copay of \$10 for office visits and \$5 per prescription.*

<u>ME Code</u>	<u>Description</u>
76	Parents transitioning from welfare to work with incomes below 100% poverty

MEDICAID

In Missouri, Medicaid refers to the fee-for-service program for elderly and disabled individuals. These individuals receive a full comprehensive benefit package and may receive services from any provider enrolled with Medicaid. The ME codes included in the Medicaid program are as follows:

<u>ME Code</u>	<u>Description</u>
01	Old Age Assistance
02	Blind Pension
03	Aid to Blind
04	Permanently and Totally Disabled
11	Medical Assistance - Old Age Assistance
12	Medical Assistance - Aid to the Blind
13	Medical Assistance - Permanently and Totally Disabled
14	Nursing Care - Old Age Assistance
15	Nursing Care - Aid to the Blind
16	Nursing Care - Permanently and Totally Disabled
23	Medical Assistance
28	Department of Mental Health
33	MO Children with Developmental Disabilities (DMH Match)
34	MO Children with Developmental Disabilities (DSS Match)
41	Intermediate Care Facility for Mentally Retarded - Poverty
49	Department of Mental Health-Poverty
67	Dept of Mental Health - Health Initiative Fund

GENERAL RELIEF

General Relief (GR) (ME Code 09) helps needy, unemployable persons who do not qualify for any other assistance program. GR recipients are funded with state monies. Services covered for GR recipients age 21 and over include: inpatient hospital services, outpatient hospital services, laboratory and X-ray services, physician services, prescribed drugs and medicines, emergency ambulance services, orthopedic devices, durable medical equipment, and prosthetic devices (excluding dentures, eyeglasses and hearing aids), home health care, hospice services, and ambulatory surgical care. GR recipients 20 and under are not restricted and have full benefits except transplants.

MEDICAID - LIMITED BENEFIT PACKAGE

The following ME codes are also referred to as Medicaid, but receive a limited benefit package.

<u>ME Code</u>	<u>Description</u>
55	Qualified Medicare Beneficiary (QMB)-Only
58	Presumptive Eligibility (Non-subsidized)
59	Presumptive Eligibility (Subsidized)
80	Women's Health Services

HELP LINE PHONE NUMBERS

All of these programs are administered by the Department of Social Services, Division of Medical Services.

If you have questions regarding any of these programs, you may contact one of the following:

- Providers wishing to enroll as Medicaid/MC+ providers should call **Provider Enrollment** at 573-751-2617.
- Providers with inquiries should call **Provider Relations** at 573-751-2896 or 1-800-392-0938 or consult on-line provider manuals at www.medicaid.state.mo.us.
- Individuals with inquiries or questions about co-payments should call **Recipient Services** at 573-751-6527 or 1-800-392-2161.
- Individuals wishing to enroll or change MC+ health plans should call the **Enrollment Broker** at 1-800-348-6627.
- Individuals who have questions about premiums should call the **Premium Collections Unit** at 1-877-888-2811
- Individuals with general eligibility questions should call the **Division of Family Services Information Line** at 1-800-392-1261.
- Individuals wanting information about the **Health Insurance Premium Payment (HIPP) Program** should call 573-751-2005. DMS will pay insurance premium if recipient qualifies.
- Individuals and providers with questions about Non-Emergency Medical Transportation (NEMT) may call the **NEMT Help Line** at 1-888-863-9513 (for MC+ fee-for-service and Medicaid recipients.)
- Persons wishing to apply for MC+ should call the **MC+ Service Center Line** at 1-888-275-5908. Persons wishing to apply for Medicaid should contact the Division of Family Services office located in their county of residence.

Premium Chart for MC+ for Kids July 2002 (ME Code 75)		
Family Size	Monthly Income	Premium Amt
1	\$1662.01 - \$1846.00	\$58
1	\$1846.01 - \$2031.00	\$67
1	\$2031.01 - \$2215.00	\$77
2	\$2239.01 - \$2488.00	\$87
2	\$2488.01 - \$2737.00	\$99
2	\$2737.01 - \$2985.00	\$112
3	\$2817.01 - \$3130.00	\$116
3	\$3130.01 - \$3443.00	\$132
3	\$3443.01 - \$3755.00	\$147
4	\$3394.01 - \$3771.00	\$145
4	\$3771.01 - \$4148.00	\$164
4	\$4148.01 - \$4525.00	\$182
5	\$3972.01 - \$4413.00	\$174
5	\$4413.01 - \$4854.00	\$196
5	\$4854.01 - \$5295.00	\$218
6	\$4549.01 - \$5055.00	\$202
6	\$5055.01 - \$5560.00	\$228
6	\$5560.01 - \$6066.00	\$249
7	\$5127.01 - \$5696.00	\$231
7	\$5696.01 - \$6266.00	\$249
7	\$6266.01 - \$6835.00	\$249
8 and above	\$5704.01 and above	\$249

*Providers may not deny services when the individual cannot pay the \$5.00, \$9.00, or \$10.00 copay. The individual remains responsible for the copay.